

## **CSAT BASELINE TRAINING SATISFACTION SURVEY**

Public reporting burden for this collection of information is estimated to average 10 minutes per response to complete the Contact Information Form and this questionnaire. Send comments regarding this burden estimate or any other aspect of this collection of information to the SAMHSA Reports Clearance Officer, Room 16-105, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0197.

## CENTER FOR SUBSTANCE ABUSE TREATMENT

### Customer Survey—Training

Please enter the Personal ID code you used on the consent form here \_\_\_\_\_.

Date of training, location (i.e., city, state), and topic will be pre-coded and entered in this area of the form.

Please check here ( ) if you have received this survey in error, (i.e., you did not attend the training listed above) and return the uncompleted survey in the enclosed postage-paid envelope.

PLEASE BASE YOUR ANSWER ON HOW YOU FEEL  
ABOUT THE SESSION NOW.

	<u>Very Satisfied</u>	<u>Satisfied</u>	<u>Neutral</u>	<u>Dissatisfied</u>	<u>Very Dissatisfied</u>
1. How satisfied are you with the overall quality of this training?	1	2	3	4	5
2. How satisfied are you with the quality of the instruction?	1	2	3	4	5
3. How satisfied are you with the quality of the training materials?	1	2	3	4	5
4. Overall, how satisfied are you with your training experience?	1	2	3	4	5

PLEASE INDICATE YOUR AGREEMENT WITH THESE  
STATEMENTS ABOUT THE TRAINING.

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
5. The training class was well organized.	1	2	3	4	5
6. The material presented in this class will be useful to me in dealing with substance abuse.	1	2	3	4	5
7. The instructor was knowledgeable about the subject matter.	1	2	3	4	5
8. The instructor was well prepared for the course.	1	2	3	4	5
9. The instructor was receptive to participant comments and questions.	1	2	3	4	5
10. I am currently effective when working in this topic area.	1	2	3	4	5
11. The training enhanced my skills in this topic area.	1	2	3	4	5
12. The training was relevant to my career.	1	2	3	4	5
13. I expect to use the information gained from this training.	1	2	3	4	5
14. I expect this training to benefit my clients.	1	2	3	4	5
15. This training was relevant to substance abuse treatment.	1	2	3	4	5

16. I would recommend this training to a colleague.

1

2

3

4

5

17. How useful was the information you received from the instructor?

Very  
Useful

Useful

Neutral

Useless

Not  
Applicable

1

2

3

4

5

18. Please indicate which title best describes your job:

☐ Medical Director

☐ Clinical Administrator/Manager

☐ Federal Government Official

☐ Physician

☐ Clinical Supervisor

☐ State Government Official

☐ Nurse

☐ Psychologist

☐ County Government Official

☐ Physician's Assistant

☐ Counselor

☐ Researcher

☐ Pharmacist

☐ Social Worker

☐ Other (please specify) \_\_\_\_\_

☐ Other (please describe)

☐ Manager/Director

19. Please indicate which best describes your agency or affiliation:

☐ Federal Government

☐ Substance Abuse Treatment Program

☐ State Government

☐ University or other higher education institution

☐ County Government

☐ Other (please describe) \_\_\_\_\_

☐ Local Government

20. What is your gender?

1. ☐ Male

2. ☐ Female

21. Are you Hispanic or Latino?

1. ☐ Yes

2. ☐ No

22. What is your race (Mark all that apply)?

☐ Black or African American

☐ Alaska Native

☐ Asian

☐ American Indian

☐ White

☐ Native Hawaiian or Other Pacific Islander

What about the training was most useful in supporting your work responsibilities?

How can CSAT improve its training?

**Thank you for completing our survey.**

*Return your survey to the Survey Administrator for you Session.*